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Title: Identifying the patterns of family contact for children in care

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This paper reports on a nested study with the kContact research, which was supported by an Australian Research Council Linkage Grant (LP130100282).

Identifying the patterns of family contact for children in care

Abstract

Contact between children in care and family members is complex and often emotionally difficult for all concerned. In the context of a wider Australian cross-jurisdictional intervention trial, focussing on contact between children in long-term care and their parents, a snapshot survey of 901 children in Victorian foster care and kinship care placements was undertaken. The aim was to determine which children had seen parents, siblings or extended family members within a 12-month period, and how practitioners explained lack of contact between children and their parents. The study found that most children had had contact with parents or other family members, though children in long-term care were less likely to have seen their parents than those where reunification was still a possibility. Practitioners' views on why parental contact had not occurred for 18% of the sample illustrate the complexity of the issues involved in contact.

Implications

- Almost all children in Victorian out-of-home care see someone in their family.
- 80% of children had had contact with one or both parents in the past 12 months.
- Fathers were much less likely to see their children than mothers.
- Children in long-term care were less likely to have seen their parents.

1 Introduction

Maintaining contact between children in care and their family members is given strong support within current policy, practice and research contexts. Contact can take the form of face-to-face meetings or “indirect” communication such as phone calls, emails or letters. Well-managed contact, in conjunction with other positive interventions, has been associated with enhanced psycho-social development and positive outcomes (Sen & Broadhurst, 2011). In Australia, where the study reported in this paper was undertaken, the prevalence of Aboriginal children and young people in care, combined with the progressive strengthening of kinship care as the ‘placement of preference’ has contributed to a shift which acknowledges that maintaining children’s ties to their family of origin is important for their developmental needs, settling issues of loss and trauma, and contributing to their long-term sense of identity and well-being (Howe & Steele, 2004; McWey & Mullis, 2004; McWey et al, 2010; Neil & Howe, 2004; Sen & Broadhurst, 2011). For Aboriginal children and children from minority ethnic communities, family relationships are traditionally extended beyond the nuclear family unit, and children’s sense of identity is often determined by this wider network of relationships (Kiryaly, James & Humphreys, 2015).

This issue applies more generally to all children in care need continuing relationships with siblings and extended family. Connections between siblings may have greater longevity than those between the parent and child, and the issues which undermined children’s relationships with their parents are less likely to be present with siblings. Relationships with extended family and siblings can be positive, protective factors for children who have problematic relations with their parents (Boyle, 2017).

The primary purpose of contact for children is generally seen to be the maintenance and enhancement of the relationship between children and their parents (Haight, Kagle, & Black, 2003; Scott, O’Neil, & Minge, 2005). However, research in this area has repeatedly identified

that contact between children and their parents can have multiple purposes, which are dependent upon numerous factors, including the stage in the child's care journey. These range from mitigating the distress of separation at entry to care to giving children a sense of continuing connection to their birth family, an understanding of the limits of their parents' capacity to care for them, a sense of identity and an understanding of their family of origin for children unlikely to return home (Jamal & Tregagle, 2013; Taplin, 2005).

There are, however, dissenting voices to this positive view of family contact. Contact with parents is often contentious, and emotionally difficult for all parties concerned – child, parent, carer and professional. Contact can stir up painful memories and feelings for children and parents alike, and may make children face past or present relationships that are difficult or destructive (Boyle, 2017). Problems in families may continue to play out through stressful interactions during family visits. Contact arrangements which distress children may prevent them settling and flourishing in their placement (Beek & Schofield, 2004; Wilson & Sinclair, 2004). Indirect forms of contact, such as phone calls, letters or life story work, may place a child at risk of feelings of rejection when the response to these contacts is unpredictable (Boyle, 2017).

Family contact is beneficial to children and young people only if it supports their emotional and psychological well-being, and their developmental needs (Salveron, Lewig & Arney, 2009; Scott et al., 2005). It needs to integrate and heal trauma, not prolong it.

The research reported in this paper reports a nested study conducted in 2016 within a wider Australian cross-jurisdictional intervention trial, focussing on contact between children in long-term care and their parents (Taplin et al., 2015). The kContact research (Taplin et al, 2015) was based on the premise that contact is a key strategy for building or maintaining the best possible relationship between children in care and their families.

Australian research to date had focussed on family contact when children first came into care without reference to children in long-term care (Delfabbro, Barber & Cooper, 2002). It therefore became important to understand Victorian patterns of contact between children and their parents, at a point in time, recognising that this is a dynamic area where legislation and guidance can change these patterns over time.

To explore whether there was an important policy and practice gap warranting further attention, the research team sought to confirm which children in long-term care were having family contact, and how many children in care actually had no family contact at all. It was therefore decided to undertake a brief audit of the children in care with the kContact partner programs. The research team identified the following research questions:

- Which children in care have family contact (measured over a 12-month period) and with which family members?
- What factors are associated with family contact for children in care?
- How do practitioners explain lack of contact between children and their parents?

The authors will first briefly describe the policy context in which the research took place, before describing the research design. Findings relating to children's contact with parents, siblings, and extended family, and reasons provided by case managers for children having no family contact, are reported. The authors discuss the implications of these findings for children, parents and professionals. The role of carers in supporting the children in their care in relation to contact is a significant topic in its own right; however it is beyond the scope of this paper.

2 Policy context

In the Victorian out-of-home care system, children are placed in care by statutory child protection workers, authorised by the Children's Court of Victoria. At the time of the study (2016), frequency, duration and supervision of contact was also determined by the Children's Court, particularly when the parents and professionals (on behalf of the children) could not come to an agreement. Carers and professionals generally support family contact in principle, though there are always examples of situations where contact is not working for children. Once long-term care is confirmed, many Australian jurisdictions implement parental contact four times a year, a practice established through practice guidance supported through legislation. However, Victorian Children's Court magistrates often order more frequent family contact (sometimes several times per week) for children in long term care with a foster or kinship care family; a situation which is often contested (Humphreys & Kiraly, 2011).

In Victoria, the responsibility for managing and supporting contact arrangements sits with the government child protection agency in the early stages of the out-of-home care journey. This responsibility is then transferred to the non-government agency programs which provide and support home-based care placements when the child's situation has stabilised in terms of court activity and placement stability. Managing contact for children takes up a significant proportion of professionals' time and emotional workload, particularly when there are large sibling groups, or where the Children's Court has ordered frequent family contact (Humphreys & Kiraly, 2011).

3 Research design

The kContact research team partnered with fifteen foster care and six kinship care programs, managed by seven non-government organisations providing out-of-home care in Victoria.

Staff in these programs were asked to provide a “snapshot” of all children aged 0-18 in their programs (foster care or kinship care) on 10 June 2016. Unit record data was obtained about these children, including age, cultural identity and Indigenous status. Three out-of-home care variables were also included in the analyses: care arrangement (foster care or kinship care), court order (long-term care/permanency or assessment/family reunification) and case plan goal (reunification possible or reunification not possible). These variables had been identified through discussions with out-of-care professionals and from the literature as potentially relevant to rates of contact. Information about both face-to-face and indirect contact was sought. Indirect contact involves communications other than personal meetings, such as phone calls, email, social media, or letters.

Program staff were responsible for completing the survey forms and providing them to the research team. While information about some children was not received in a small number of instances, where the data provision was delegated to individual case managers, the response rate was deemed to be well over 90%. The information was transmitted to researchers in de-identified form, with agencies creating identity codes for the children to be used to support analysis. Ethics approval was obtained from the Australian Catholic University (2014 272N) and ratified by the University of Melbourne.

Given the exploratory nature of this study, most survey questions were only amenable to simple descriptive statistical analysis, to understand which family members were having contact with each child. Contact was recorded as a Yes/No dichotomous variable for mother, father, siblings and extended family. Chi-squared analyses were undertaken to investigate the factors associated with family contact.

Where children were reported to have no parental contact, the caseworker’s assessment of the primary reason for this was requested, with four pre-determined options and an *other* category provided. Most respondents provided more detail than requested, including whether

it was the mother or father who had no contact. These brief qualitative responses were analysed thematically. Reasons for lack of contact were also sought, with four pre-determined options (Table 3).

4 Findings

4.1 Sample Characteristics

In 2016, the research team received data on a total of 901 children in the care of 21 different foster care and statutory kinship care programs, from seven organisations. These organisations varied considerably in size, from one agency providing care to 48 children in two foster care programs, through to a very large organisation providing care to 245 children in five foster care and two kinship care programs. On average, 43 children were cared for by each program.

The sample represents 13% of the children living in foster or kinship care in Victoria at the time of data collection (Australian Institute of Health and Welfare (AIHW), 2017, Supplementary Table S35). The age distribution of the children in the sample (range: 0-18, $M = 8.6$ years, $SD = 4.9$) was evenly spread across the three younger age groups. There was a smaller proportion of young people 15 years and over. The age distribution of the study sample was similar to the distribution of the general out-of-home care population in Victoria at that time (Figure 1).

INSERT FIGURE 1

Program staff were also asked to state the cultural identification of the children, with 13.3% identified as Aboriginal or Torres Strait Islander. This was a smaller proportion than in the general Victorian out-of-home care population, where the figure was 19.3% (AIHW, 2017, Table 5.2). Under-reporting is probable given that cultural information was unknown, or not

provided, for 35.1% of the sample, particularly for those children in foster care¹. This may also be the case for reporting the 16.7% of children who came from culturally or linguistically diverse backgrounds (CALD) or were designated CALD/Australian.

Two-thirds of the children in the sample were in foster care (n = 595, 66.0%) and one third in kinship care (n = 306, 34.0%), all linked to support programs run by non-government agencies. However, this is not typical of the wider out-of-home care population in Victoria where 78% of children in care live with kin (AIHW, 2017, Supplementary Table S35). Most of these children in kinship care were not linked to support programs and were being managed through the statutory organisation rather than the non-government organisations.

Just under a third (29%) of the sample were on short-term Court orders allowing for investigation of children's circumstances or pending safe reunification with their parents. The majority – a little over two thirds (69%) - were on orders which involved living long-term or permanently away from their families.

4.2 Children's contact with parents, siblings and extended family

As shown in Table 1, 78% of the children in the sample had had face-to-face contact with at least one parent during the 12 months preceding data collection. Over a third had seen both parents. A much larger proportion of children (73%) saw their mothers compared with those who saw their fathers (47.5%), and fathers were much less likely to have face-to-face contact on their own without the mother being present (8.5% of children saw fathers only, while 33% of children visited with mothers only). Very little indirect contact took place in the absence of

¹ The proportion of children, for whom culture was not listed, was greater in the foster care sample (41.5%) than in the overall sample (35.1%). The proportion for kinship care where this information was not provided was 22.5%.

face-to-face meetings as most indirect contact occurred when face-to-face contact was also occurring. Altogether, 82.2% of the sample had had either face-to-face or indirect contact with at least one parent (Table 1).

INSERT TABLE 1

Very few children (3.7%) had contact with their parents, without contact with other family members as well, though the rate was slightly higher for children in foster care (5.5%).

Amongst children who saw one or both parents, 70.7% were also connected with siblings or extended family. Few saw only their siblings but not parents or extended family members.

Similarly, few were connected only to relatives other than parents or siblings. These figures could be higher, given the significant proportion of children where contact with siblings or extended family was unknown (Table 1). Nearly three quarters of the children who were known to have siblings (70%) had contact with these siblings – this included some children known to be living with their siblings. Most of these children also had contact with one or more parents.

More than half the children (58.5%) were connected with extended family. Again, most of these children also had contact with one or more parents. Sixteen percent saw their parents and their siblings but had no contact with other relatives. Overall, the vast majority of children in the sample (96.8%) had contact with someone in their family of origin. Of the 901 children in the sample, only 29 children had no contact with parents, siblings or extended family.

4.3 Factors associated with contact

Two out-of-home care variables showed a significant association with parental contact; namely type of court order (Table 2) and case plan goal (Table 3). Case plan goals are set by

child protection staff and delineate plans to ensure the child's long-term safety and stability, such as family reunification or long-term care. A Children's Court order reflecting this goal is then sought. These two indicators were highly correlated ($r = 0.7$). However, given that case plan directions may not be exactly replicated in court orders, particularly around contact conditions, it was important to investigate patterns of contact across both conditions.

There was a significant association between type of court order and parental contact ($\chi^2(1) = 35.47, p < 0.001$), representing a small effect size (OR = 4.5, Cramer's V = 0.2, 95% Bootstrapped CI [0.15-0.25]). As shown in Table 2, most children in both groups had contact with at least one parent. However, a much lower proportion of children on reunification court orders, compared to those on long-term or permanent care orders, had *not* had contact (6.3% and 22.8%, respectively). As such, children on non-reunification orders were 4.5 times more likely to *not* have had contact with at least one parent in the 12 months preceding data collection.

INSERT TABLE 2

Similarly, there was a significant association between case plan goal and parental contact ($\chi^2(1) = 34.58, p < 0.001$), which also represented a small effect size (OR = 5.9, Cramer's V = 0.2, 95% Bootstrapped CI [0.16-0.24]). As shown in Table 3, children on permanency pathways (i.e., long-term or permanent care) were less likely to have had contact with at least one parent, and more likely to *not* have had contact with at least one parent, compared to children on reunification pathways. The odds ratio shows that children on non-reunification pathways were 5.9 times more likely to *not* have had contact in the 12 months preceding data collection.

INSERT TABLE 3

There was a significant association between age and parental contact ($\chi^2(3) = 7.87, p < .05$), again representing a small effect size (Cramer's $V = 0.09$, 95% Bootstrapped CI [0.05-0.17]). The significant association was driven by the pattern of contact in the 5-9-year-old group. Compared to all other age groups, children aged 5-9 were more likely to have had contact with at least one parent in the 12 months preceding data collection. Children in this age group were also less likely to not have had contact with either parent (see Table 4). Odds ratio calculations show that children in the 5-9 year old group were 1.7 times more likely to have contact either parent than children in the 10-14 year old group, and 2 times more likely than children in the 15-18 year old group.

INSERT TABLE 4

There was no association between Indigenous status and contact with one or more parents ($\chi^2(1) = 0.66, p = 0.418$). Finally, a child's care arrangement (foster or kinship care) was not associated with parental contact ($\chi^2(1) = 1.51, p = 0.28$).

4.4 *Reasons for the absence of parental contact*

For each of the 159 children who had not seen either parent in the 12 months preceding data collection (see Tables 2 & 3), case managers were asked to provide the primary reason for the lack of parental contact. Table 5 sets out case managers' explanations for the lack of contact, and the number of children in each category. Many workers cited more than one reason for the absence of contact and provided different reasons for a child's mother and father. For example, of the 23 children who had no parental contact due to death, five fathers and thirteen mothers were deceased, and five children had lost both parents.

INSERT TABLE 5

Distance and jail are substantial barriers to contact. While the authorities had decided that contact was harmful for 14 children and had prohibited contact with either or both parents, more children had unknown fathers than those for whom paternal contact was prohibited by the authorities. Of the 28 children who themselves refused to attend visits, two-thirds were aged 10 and over. All children younger than 10 were in foster care. However, the predominant reasons given by case managers for lack of contact were that parents were not contactable by workers, or that they failed to attend scheduled visits. These two reasons were cited for half the children in kinship care and four-fifths of those in foster care.

5 Discussion

This paper has explored family contact for Victorian children in care through a snapshot survey of a large sample of children in the care of 21 Victorian foster care or kinship care programs. The study established that almost all children in care were connected to a member of their family of origin, be it parents, siblings, extended family members or all of these. Similar findings are reported in studies from other Australian jurisdictions (Cashmore & Taylor, 2017; Delfabbro et al., 2017) although these have focussed on children entering care only. This reflects a recognition across the Australian out-of-home care sector, and internationally, of the importance of family contact for children in care, with efforts made to ensure that children remain connected with siblings and extended family (Boyle, 2017).

The picture for parental contact is slightly different, and the discussion below will focus on parental contact. While acknowledging the general importance of contact, many out-of-home care practitioners also recognise the difficulties and stress frequent contact imposes on some children. These findings, therefore, are also a reflection of the Victorian situation where contact arrangements recommended by case managers may be overridden by magistrates of

the Children's Court requiring a higher frequency of contact than was recommended (Humphreys & Kiraly, 2011).

This research did not find any association between whether children had seen their parents in the previous 12 months and whether they were in foster or kinship care, unlike other research which reported that more children in kinship care had contact with their parents than those in foster care (Delfabbro, 2017; Holtan, Rønning, Handegård, & Sourander, 2005; Taplin and Mattick, 2014). This discrepancy may possibly be explained by the nature of the kinship care sample in the current study: children in the sample were drawn from formal kinship care support programs, a situation that is atypical of kinship care placements generally. Studies finding no difference between foster care and kinship care (Vanschoonlandt et al., 2012) compared frequency of contact visits rather than contact alone.

Far fewer fathers were in contact with their children than mothers, consistent with wider evidence that many children in care have lost contact with their fathers (Masson, 1997). Of the 159 children with no parental contact, more children had unknown fathers than those for whom paternal contact was prohibited by the authorities (Table 5). Where family violence has been an issue, lack of contact with fathers may be positive for children, although child protection practice often focuses on work with mothers, putting little effort into engaging fathers (Humphreys & Absler, 2011).

Within the parameters of this study, the main factor associated with rates of parental contact was whether child protection professionals and the Children's Court were working towards a child's reunification with a parent, or whether this option had been ruled out in favour of long-term care. A significantly smaller proportion of children in long-term care had connected with a parent in the 12 months preceding data collection than the proportion of children on assessment or reunification orders. This change is even greater when the shift in case plan goal from reunification to non-reunification is examined. Further investigation is

needed to understand the dynamics between the long-term permanency plans of professionals, the behaviour and perspectives of parents, and contact arrangements (Atwool, 2013, Biehal, 2007).

5.1 The child's best interests

While the primary reason for contact is to support, maintain and enhance the relationship between children in care and their parents (Haight et al., 2003), it needs to be considered whether and how this is actually happening for the best interests of the child. Contact does not in itself support positive connections with family – the conditions must be psychologically and developmentally useful to the child (Schofield & Beek, 2005). The quality of the relationship is crucial to identity. When contact with a relative causes significant stress for a child, contact is not likely to be conducive to the development of a positive sense of identity. In the process of integrating and healing trauma, children may need to have the resilience to manage difficult, distressing or overwhelming emotions, and be supported by adults who can help manage the emotional risks for them (Beek & Schofield, 2004).

Nearly one in five of the children in this study who had had no parental contact had refused to attend visits. Half that number had had no contact due to decisions made by Child Protection or by the court. For some children then, courts, case planners or case managers recognised that contact was a negative experience, and in some cases, harmful to the continued well-being of the child. In these situations, children's unwillingness to see their parents was recognised and their wishes heard, particularly in the case of older children. The concept of a child's best interests is a complex one, and must take into account children's own views and level of understanding. This is all the more important, given research indicating that many

children in care remain concerned for the well-being of their families and worry about their safety (Moyers, Farmer & Lipscombe, 2006) , and may wish for contact arrangements that they are not able to handle (Sen & Broadhurst, 2011).

5.2 Parents' Perspectives

The experience of contact for children is largely dependent on their parents' capacity for understanding their children's needs (Fonagy, Gergely & Jurist, 2002). The parents of nearly half the children who were not having contact were perceived as "not contactable" by the service or the carer. A considerable number of parents who had seen their child in the past year were also noted by case managers as being "not contactable" or "failing to attend" scheduled visits. It is likely that substance use or mental illness were often factors for these parents.

A small number of parents (Table 5) are reported by case managers to have chosen not to see their children. Refusal to attend contact may be a self-protective mechanism – protecting against disrespect from professionals, the (on-going) trauma of separation, and the impact of child removal on a woman's identity and role as a mother (Haight et al., 2002; Harries, 2008; Holtan & Erikson, 2006). Many parents of children in care come from backgrounds of poverty, disadvantage and past trauma, and are themselves a highly vulnerable group (Ross, Cocks, Johnston & Stoker, 2017). They may lack capacity to care for their children adequately, due to family violence, substance abuse, mental illness, disability or a range of other reasons, including child sexual abuse. These issues can hinder regular attendance at visits. In addition, structural barriers, such as poverty, distance and lack of affordable housing make attending contact difficult (Kiraly & Humphreys, 2011).

In the light of the evidence about parental experiences, data from this research on parents being uncontactable raises a number of questions. It poses a challenge to out-of-home care professionals as to the degree of outreach required to keep parents and children connected (where this is appropriate). Atwool's research suggests that little sustained work with birth families takes place (Atwool, 2013). The prevailing practice in Australia has not been to provide substantial support for parents unless working towards reunification (Kiralý & Humphreys, 2015).

5.3 Professionals

In order to focus on the "best interests of the child", professionals need to be very clear about the purpose of contact for each individual child, and provide appropriate support depending on whether the case plan is for reunification or for long-term care.

It may be useful to re-focus the discussion from the narrow event-based concept of face-to-face family contact to a broader process-oriented and relationship-based one of supporting meaningful connections where possible in the lives of children in care (Ross et al., 2017).

Noble-Carr and colleagues advocate for practice with children and young people to focus on 'forging and facilitating deep and meaningful connections within their lives' (Noble-Carr, Barker, McArthur, & Woodman, 2014, p.394). This will mean something different to each individual child – it may mean a relationship with a pet, or a connection to birth family or culture, or something else again. Whether or not contact occurs, all children in care need help to deal with issues of grief, loss and identity (Neil & Howe, 2004). These issues may equally apply to their parents, particularly when reunification is no longer the goal of the care plan.

Strategies to promote connections when it is beneficial for children and young people include face-to-face visits or indirect contact such as phone calls, letters and social media; providing

the child with information about family members should she or he wish it; or ensuring that the parent continues to receive information about the child. Professionals also have a record-keeping responsibility to ensure that a child's files or life story book includes a record of information about family members and attempts to maintain these connections (Kertesz, Humphreys, & Carnovale, 2012). Those responsible for supporting a child's family connections need to be aware of children's changing views, and not assume that a child's stated position continues to be valid 6 months or two years later (Boyle, 2017; Thorpe, 2017). Maintaining connections with family also has implications for professional practice with birth families and especially birth parents. Supporting parents to stay connected with their children is a significant undertaking and begins from the first day a child is in care, if not before. Supporting parents' connections with their children and also with services is no small endeavour and will require resourcing. It may also require a shift in sector attitudes about the role of parents in the best interests of the child.

6 *Limitations*

While the characteristics of the sample were similar to the general out-of-home care population in Victoria, the sample does not represent the large and growing group of children in kinship care arrangements that are unsupported by formal programs, as the children in kinship care in the sample were part of supported programs. In a small number of programs, information was not provided for some children and there were significant gaps in data for variables such as cultural identity, and extended family contact, making analysis of these factors difficult. It is likely that these are details that professionals lose sight of amongst all the complexities of caring for children in care, but both are areas warranting further investigation.

In addition, many respondents provided multiple answers to binary (yes/no) questions, reflecting the complexities of the family situations of children in out-of-home care, but raising a number of questions that the snapshot survey was unable to answer. Further investigation is required to tease out the complex factors at play in Victoria and similarly in other jurisdictions, and each child's unique situation and history.

7 Conclusions

For most children in this Victorian sample, some connection with parents and other family was being maintained, though contact was less common among children in long-term care. Despite its many potential benefits, family contact is complex and often emotionally difficult, particularly with parents. Professionals face a dilemma in considering contact for children in long-term care especially, of balancing the need to nurture long-term connections with family to support children's identity, against the very real distress that contact may cause some children. These are hard decisions. More positive support and understanding of parents as part of the care team from the beginning of placement (and before) may assist in improved relationships and less stressful visits as well as possible joint planning for maintaining connections where face-to-face contact is not beneficial or possible.

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Figure 1

Ages of Children in the Victorian OOHC Population and the Study Sample

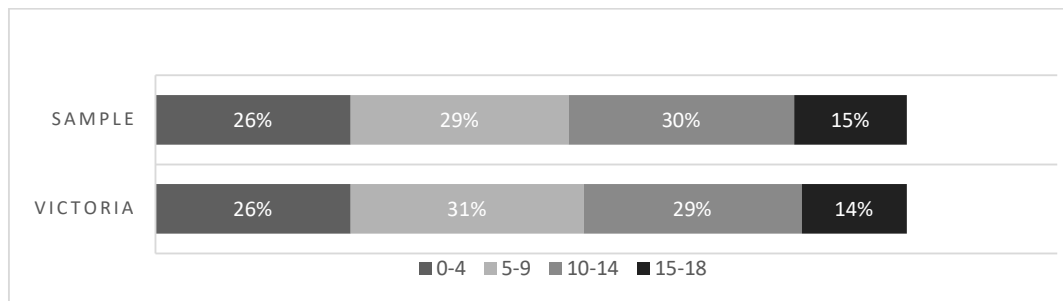


Table 1*Patterns of Contact (Direct and Indirect) by Placement Type*

Nature of contact	Foster care (%) (n=595)	Kinship care (%) (n=306)	Total (%) (n=901)
Any contact with mother	74.3	70.6	73.0
Any contact with father	46.4	49.7	47.5
Contact with at least one parent	82.5	80.1	82.2
Contact with both parents	38.2	40.2	38.8
Contact with neither parent	16.8	19.7	17.6
Contact with siblings (where child is known to have siblings)	73.3 (11.6% - U or n/a)*	63.7 (28.5% - U or n/a)*	70.0 (17.3% - U or n/a)*
Contact with siblings but not parents	10.0	10.2	10.1
Contact with extended family/relatives	52.9 (7.2% - U or n/a)*	69.3 (23.2% U)	58.5 (12.7 U or n/a)*
Contact with a parent and siblings and extended family	39.2 (13.6% U)*	38.9 (42.8% U)*	39.3
NO contact with parents or siblings or extended family	4.9	0	9.2

* U - unknown. n/a - not applicable

Table 2*Contact with Either Parent by Type of Court Order (N=895)*

Any contact with either parent	Reunification Court Order	Long-term care / Permanency Court Order	Total
Yes	255 (93.8%)	481 (77.2%)	736 (82.2%)
No	17 (6.3%)	142 (22.8%)	159 (17.8)
Total	272 (100.0%)	623 (100.0%)	895 (100.0%)

Table 3*Contact With Either Parent by Type of Case Plan (N=895)*

Any contact with either parent	Case plan for reunification	Case plan for non-reunification	Total
Yes	209 (95.4%)	527 (78.0%)	736 (82.2%)
No	10 (4.6%)	149 (22.0%)	159 (17.8.0%)
Total	219 (100.0%)	676 (100.0%)	895 (100.0%)

Table 4

Contact with Either Parent by child age (N=889)

Any contact with either parent	0-4 years old	5-9 years old	10-14 years old	15-18 years old	Total
Yes	188 (82.5%)	226 (86.9%)	212 (80%)	104 (76.5%)	730 (82.1%)
No	40 (17.5%)	34 (13.1%)	53 (20%)	32 (23.5%)	159 (17.9%)
Total	228 (100%)	260 (100%)	265 (100%)	136 (100%)	889 (100%)

Table 5*Case Managers' Explanations for Lack of Parental Contact*

Reason cited by case manager	Children having no contact with either parent N=159 (%) ²	
Parents not contactable ¹	65	(41%)
Parents failing to attend ¹	52	(33%)
Child/YP refusing to attend ¹	28	(18%)
Parent (s) deceased	23	(14%)
Father Unknown	17	(11%)
Court or Case plan states no contact ¹	14	(9%)
Parent(s) choice / not engaged	12	(8%)
AOD / Mental illness/ Unwell	11	(7%)
Distance too great (mostly interstate)	10	(6%)
Jail	8	(5%)
Unknown	2	(1%)

1. Category provided in the survey form. Other categories were specified in the 'Other' column.

2. Column total does not equal 159 as multiple responses were recorded for many children.